

7.11 day areas

Supercubes _____ Date Appr. 05/06/87

CHECK SERVICES SHARED WITH THE PERSONS AND HOME: 6/1-VAJCH

58/1/01
SPECIAL

	CALCULATE					
NURSING	CARE	DIET	MAINT.	HSKG.	LAUN.	A&G
						UTIL.

2. Hospital - Name

Beds at end of cost report period

Beds at end of cost report period

Beds at end of cost report

Units at end of cost report period	ment units
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Does school serve students under age 21?

patient mental health clinic

Special Services to nursing home patients:
(11be)

Supply Services (Describe)

acy

of building space

ly or retarded day care

ly home care

catering services (meals on wheels, etc.)

major revenue generating activities (Describe).

[illegible]

hedule 4B

INSTRUCTIONS FOR
Schedule 5
BUILDING SQUARE FEET

To the extent possible, report the internal square feet for each building or building wing of the nursing home as of the end of the cost reporting period.

Also, report the square feet for major identifiable areas used by each of those services which are listed in the schedule .

Reporting Exceptions

- Small Facilities. Facilities under 50 licensed beds need not complete the schedule if they are not associated with another major revenue generating activity.
- Separate Wings. The square feet for wings can be reported together if it is not readily and separately identifiable.
- Approximations. The square feet need not be exact. Generally, the total square footage and the square footage of revenue generating areas are of primary importance. Revenue generating areas may include a pharmacy, physical therapy area, or rented space. Support service areas, such as dietary and laundry, and patient living areas can be a general estimate. Blue print measurements are generally acceptable.

Rented Building Areas

The square footage of any rented building areas must be reported at Lines 17 to 19.

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HCFA-179 # 84-0142 Date Rec'd 10/1/84
 Supersedes _____ Date Appr. 03/26/85
 State Rep. In. _____ Date Eff. 07/01/84

INSTRUCTIONS FOR
Schedule 6
TOTAL PATIENT DAYS

Report the total patient days by level of care and by funding source for the cost reporting period.

- Include all mentally retarded and emotionally disturbed patients.
- All Medicare patient days should be reported as SNF.
- Report total bed hold days for charged therapeutic and hospitalization bed hold leaves during the reporting period. Include bed hold days for all patients regardless of level of care and funding source.

Level Of Care. The level of care of residents should be determined using criteria similar to that summarized on the Wisconsin Division of Health's "Physician Plan of Care" form and as discussed in Wisconsin Administrative Code HSS 132.13. Patient days for residents who have not been evaluated or assigned a level of care, should be reported in the "Unclassified" column.

Instructions For Schedule 7

SCHEDULE 7 IS NOT USED

01101A

-- Schedule 6 --

TOTAL PATIENT DAYS

For Reporting Period Beginning _____ Ending _____

INHOUSE DAYS							Total Patient Days
	Unclassified	ICF-IV Residential	ICF-III Personal	ICF-II Limited	ICF-I Intermediate	SNF	
1. Title XIX (Wis. MA)....							
2. Title XVIII (Medicare).							
3. Private Pay.....							
4. Other _____							
5. _____							
6. TOTAL INHOUSE PATIENT DAYS							

BED HOLD DAYS							
7. Title XIX (Wis. MA)....							
8. All Other.....							
9. TOTAL BED HOLD DAYS							

10. TOTAL PATIENT DAYS (6 + 9)							
	Unclassified	Residential	Personal	Limited	Intermediate	SNF	Total

(Schedule 7 is not used.)

HCFA-179 # 842142 Date Rec'd 10/21/84
Supersedes _____ Date Appt. 03/26/85
State Rep. In. _____ Date Eff. 07/01/84

Sc les 6 & 7

Total Patient Days -- Bed Hold Days

Schedules - &

INSTRUCTIONS FOR
Schedule 8
MENTALLY RETARDED PATIENT DAYS

Report the patient days for all residents having a primary diagnosis of mental retardation during the cost reporting period. Include patient days for all bed hold days charged for mentally retarded residents.

INSTRUCTIONS FOR
Schedule 9
EMOTIONALLY DISTURBED PATIENT DAYS

This schedule should only be completed by facilities providing an emotionally disturbed program which has been approved for supplemental reimbursement by the Division of Health. Report patient days for all residents meeting the criteria of emotionally disturbed behavior which have been established by the Division of Health. Include patient days for all bed hold days charged for such residents.

HCFA-179 # 84-0142 Date Rec'd 10/1/84
 Supercedes _____ Date Appr. 03/26/85
 State Rep. In. _____ Date Eff. 07/01/84
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10/1/84

All M. R. Patient Days By Level						
Unclassified	ICF-IV Residential	ICF-III Personal	ICF-II Limited	ICF-I Intermediate	SNF	Total-MR Patient Days

-- Schedule 9 --							
EMOTIONALLY DISTURBED PATIENTS' DAYS							

INSTRUCTIONS FOR
Schedule 10
BALANCE SHEET

Complete balance sheets for the beginning and ending dates of the cost reporting period.

Alternative

You may attach the facility's balance sheets for the beginning and ending dates of the cost report period.

If balance sheets are not available for these dates, then indicate such on the schedule.

Round all amounts to whole numbers.

**Schedule 10
BALANCE SHEET**

ASSETS	Beginning Date	Ending Date
<u>Current Assets</u>		
Cash on hand and in bank.....	\$ _____	\$ _____
Temporary investments.....	_____	_____
Resident accounts receivable....	_____	_____
Other accounts receivable.....	_____	_____
Due from related parties.....	_____	_____
Notes receivable.....	_____	_____
Accrued interest receivable....	_____	_____
Inventories.....	_____	_____
Prepaid expenses.....	_____	_____
Resident funds held in trust....	_____	_____
Other current assets (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Current Assets	\$ _____	\$ _____
<u>Property, Plant, and Equipment</u>		
Land.....	\$ _____	\$ _____
Land improvements.....	_____	_____
Buildings.....	_____	_____
Leasehold improvements.....	_____	_____
Fixed equipment.....	_____	_____
Moveable equipment.....	_____	_____
Transportation equipment.....	_____	_____
Less: Accumulated depreciation (_____)	(_____)	(_____)
Total Property, Plant, and Equipment	\$ _____	\$ _____
<u>Other Assets (list)</u>		
Long term investments.....	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
Total Other Assets	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____

LIABILITIES AND OWNERS' EQUITY	Beginning Date	Ending Date
<u>Current Liabilities</u>		
Notes and loans payable (list)	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Due to related parties.....	_____	_____
Accounts payable.....	_____	_____
Accrued salaries.....	_____	_____
Other accrued expenses.....	_____	_____
Resident trust funds payable....	_____	_____
Other current liabilities.....	_____	_____
Total Current Liabilities	\$ _____	\$ _____
<u>Long Term Liabilities</u>		
Notes and loans payable (list)	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Other long term liabilities.....	_____	_____
Total Long Term Liabilities	\$ _____	\$ _____
<u>Owners' Equity (list)</u>		
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Owners' Equity	\$ _____	\$ _____
TOTAL LIABILITIES AND EQUITY	\$ _____	\$ _____

HCFA-179 # 84-0142
 Date Rec'd 10/1/84
 Date App'd 11/3/84
 State Rep. In. 07/01/84

INSTRUCTIONS FOR
Schedule 10A
SUMMARY OF CHANGES IN OWNERS' EQUITY

The increase or decrease in total owners' equity on Schedule 10 must be reconciled to the net income/loss on Schedule 11. Note that, if Schedule 10 includes data from non-nursing home activity, the net income/loss from that activity must be shown as a reconciling item on this schedule.